

The Puerto Rico Community Survey (PRCS) Mail Questionnaire  
from 2005 to 2009

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div><div>Start Here</div><p><b>This form asks for three types of information:</b></p><ul style="list-style-type: none"><li>• basic information about the people who are living or staying at the address on the mailing label above</li><li>• specific information about this house, apartment, or mobile home</li><li>• more detailed information about each person living or staying here</li></ul><p>➔ <b>What is your name?</b> Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.</p><p>Last Name <input type="text"/></p><p>First Name <input type="text"/> MI <input type="text"/></p><p>Area Code + Number <input type="text"/></p><p>Date (Month/Day/Year) <input type="text"/></p></div>	<div><div>Start Here</div><p><b>Please fill out this form as soon as possible after receiving it in the mail.</b></p><p><b>This form asks for three types of information:</b></p><ul style="list-style-type: none"><li>• basic information about the people who are living or staying at the address on the mailing label above</li><li>• specific information about this house, apartment, or mobile home</li><li>• more detailed information about each person living or staying here</li></ul><p>➔ <b>What is your name?</b> Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.</p><p>Last Name <input type="text"/></p><p>First Name <input type="text"/> MI <input type="text"/></p><p>Area Code + Number <input type="text"/></p><p>Today's date (Month/Day/Year) <input type="text"/></p></div>	<div><div>Start Here</div><p>➔ <b>Please print today's date.</b></p><p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p><p>➔ <b>Please print the name and telephone number of the person who is filling out this form.</b> We may contact you if there is a question.</p><p>Last Name <input type="text"/></p><p>First Name <input type="text"/> MI <input type="text"/></p><p>Area Code + Number <input type="text"/></p></div>	<div><div>Start Here</div><p>➔ <b>Please print today's date.</b></p><p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p><p>➔ <b>Please print the name and telephone number of the person who is filling out this form.</b> We may contact you if there is a question.</p><p>Last Name <input type="text"/></p><p>First Name <input type="text"/> MI <input type="text"/></p><p>Area Code + Number <input type="text"/></p></div>	Unchanged
<div><div>➔ <b>How many people are living or staying at this address?</b></div><p>Number of people <input type="text"/></p></div>	<div><div>➔ <b>How many people are living or staying at this address?</b></div><p>Number of people <input type="text"/></p></div>	<div><div>➔ <b>How many people are living or staying at this address?</b></div><ul style="list-style-type: none"><li>• <b>INCLUDE</b> everyone who is living or staying here for more than 2 months.</li><li>• <b>INCLUDE</b> yourself if you are living here for more than 2 months.</li><li>• <b>INCLUDE</b> anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.</li><li>• <b>DO NOT INCLUDE</b> anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.</li></ul><p><b>Number of people</b> <input type="text"/></p></div>	<div><div>➔ <b>How many people are living or staying at this address?</b></div><ul style="list-style-type: none"><li>• <b>INCLUDE</b> everyone who is living or staying here for more than 2 months.</li><li>• <b>INCLUDE</b> yourself if you are living here for more than 2 months.</li><li>• <b>INCLUDE</b> anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.</li><li>• <b>DO NOT INCLUDE</b> anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.</li></ul><p><b>Number of people</b> <input type="text"/></p></div>	Unchanged
<div><div>➔ <b>Please turn to the next page to continue.</b></div></div>	<div><div>➔ <b>Please turn to the next page to continue.</b></div></div>	<div><div>➔ <b>Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.</b></div></div>	<div><div>➔ <b>Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.</b></div></div>	Unchanged





2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>List of Residents</div> <div><div>READ THESE INSTRUCTIONS FIRST</div><p>Please fill out this form as soon as possible after receiving it in the mail.</p><ul style="list-style-type: none"><li>• <b>LIST</b> everyone who is living or staying here for more than 2 months.</li><li>• <b>LIST</b> anyone else staying here who does not have another usual place to stay.</li><li>• <b>DO NOT LIST</b> anyone who is living somewhere else for more than 2 months, such as a college student living away.</li></ul><p>If this place is a <b>vacation home</b> or a <b>temporary residence</b> where no one in this household stays for more than 2 months, do not list any names in the List of Residents. <b>Complete only pages 4, 5, and 6 and return the form.</b></p><p>IF YOU ARE NOT SURE WHOM TO LIST, CALL 1-800-717-7381.</p><div><div>➔</div><p>If there are more than five people, list them here. We may call you for more information about them.</p></div><div><div>➔</div><p>After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.</p></div></div> <div><div>Person 1</div><div>Last Name (Please print)</div><div>First Name</div></div> <div><div>Person 2</div><div>Last Name (Please print)</div><div>First Name</div></div> <div><div>Person 3</div><div>Last Name (Please print)</div><div>First Name</div></div> <div><div>Person 4</div><div>Last Name (Please print)</div><div>First Name</div></div> <div><div>Person 5</div><div>Last Name (Please print)</div><div>First Name</div></div> <div><div>Person 6</div><div>Last Name (Please print)</div><div>First Name</div></div>	<div>List of Residents</div> <div><div>READ THESE INSTRUCTIONS FIRST</div><p>This survey collects information about the people who are living or staying here for more than 2 months.</p><p>➔ On the List of Residents -</p><ul style="list-style-type: none"><li>• <b>Include</b> everyone living or staying here for more than 2 months. In the Person 1 space, list one of the people living here who owns or rents this house or apartment. Remember to include yourself on the list if you are staying here for more than 2 months.</li><li>• <b>Include</b> anyone staying here who does not have another place to stay, even if they are here for 2 months or less.</li><li>• <b>Do not include</b> anyone who is living somewhere else for more than 2 months, such as a college student living away.</li></ul><p>If no one is staying here for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form.</p><p><b>If you are not sure whom to list, call 1-800-717-7381.</b></p><p>➔ If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.</p><p>➔ After you complete the List of Residents, answer the questions asked at the top of pages 2 and 3 for the first five people on the list.</p></div> <div><div>Person 1</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div> <div><div>Person 2</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div> <div><div>Person 3</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div> <div><div>Person 4</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div> <div><div>Person 5</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div> <div><div>Person 6</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div>	<div>Person 1</div> <div>(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)</div> <div><div>1</div><div>What is Person 1's name?</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div>	<div>Person 1</div> <div>(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)</div> <div><div>1</div><div>What is Person 1's name?</div><div>Last Name (Please print)</div><div>First Name</div><div>MI</div></div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>1 What is this person's sex?</div> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div>	<div>1 What is this person's sex?</div> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div>	<div>3 What is Person 1's sex? Mark (X) ONE box.</div> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div>	<div>3 What is Person 1's sex? Mark (X) ONE box.</div> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div>	Unchanged

2005 and 2006 Content		2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div><div>2</div><div>What is this person's age and what is this person's date of birth? Print numbers in boxes.</div></div> <div><div>Age (in years)</div><div><div></div><div></div><div></div></div><div><div>Month</div><div>Day</div><div>Year of birth</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>		<div><div>2</div><div>What is this person's age and what is this person's date of birth? Print numbers in boxes.</div></div> <div><div>Age (in years)</div><div><div></div><div></div><div></div></div><div><div>Month</div><div>Day</div><div>Year of birth</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>	<div><div>4</div><div>What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</div></div> <div><div>Age (in years)</div><div><div></div><div></div><div></div></div><div><div>Month</div><div>Day</div><div>Year of birth</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>	<div><div>4</div><div>What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</div></div> <div><div>Age (in years)</div><div><div></div><div></div><div></div></div><div><div>Month</div><div>Day</div><div>Year of birth</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>	Unchanged
		<div><div>Age (in years)</div><div><div></div><div></div><div></div></div><div><div>Month</div><div>Day</div><div>Year of birth</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>			

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div><div>3</div><div>How is this person related to Person 1?</div><div><div><input checked="" type="checkbox"/> Person 1</div><div>(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)</div></div></div>	<div><div>3</div><div>How is this person related to Person 1?</div><div><div><input checked="" type="checkbox"/> Person 1</div><div>(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)</div></div></div>	<div><div>2</div><div>How is this person related to Person 1?</div><div><div><input checked="" type="checkbox"/> Person 1</div><div><div>2</div><div>How is this person related to Person 1? Mark (X) ONE box.</div><div><div><div><input type="checkbox"/> Husband or wife<input type="checkbox"/> Biological son or daughter</div><div><input type="checkbox"/> Adopted son or daughter<input type="checkbox"/> Stepson or stepdaughter</div><div><input type="checkbox"/> Brother or sister<input type="checkbox"/> Father or mother</div><div><input type="checkbox"/> Grandchild<input type="checkbox"/> Parent-in-law</div><div><input type="checkbox"/> Son-in-law or daughter-in-law</div><div><input type="checkbox"/> Other relative</div><div><input type="checkbox"/> Roomer or boarder</div><div><input type="checkbox"/> Housemate or roommate</div><div><input type="checkbox"/> Unmarried partner</div><div><input type="checkbox"/> Foster child</div><div><input type="checkbox"/> Other nonrelative</div></div></div></div></div></div>	<div><div>2</div><div>How is this person related to Person 1?</div><div><div><input checked="" type="checkbox"/> Person 1</div><div><div>2</div><div>How is this person related to Person 1? Mark (X) ONE box.</div><div><div><div><input type="checkbox"/> Husband or wife<input type="checkbox"/> Biological son or daughter</div><div><input type="checkbox"/> Adopted son or daughter<input type="checkbox"/> Stepson or stepdaughter</div><div><input type="checkbox"/> Brother or sister<input type="checkbox"/> Father or mother</div><div><input type="checkbox"/> Grandchild<input type="checkbox"/> Parent-in-law</div><div><input type="checkbox"/> Son-in-law or daughter-in-law</div><div><input type="checkbox"/> Other relative</div><div><input type="checkbox"/> Roomer or boarder</div><div><input type="checkbox"/> Housemate or roommate</div><div><input type="checkbox"/> Unmarried partner</div><div><input type="checkbox"/> Foster child</div><div><input type="checkbox"/> Other nonrelative</div></div></div></div></div></div>	Unchanged
<div><div>Relationship of Person 2 to Person 1.</div><div><div><div><input type="checkbox"/> Husband or wife<input type="checkbox"/> Son or daughter<input type="checkbox"/> Brother or sister<input type="checkbox"/> Father or mother<input type="checkbox"/> Grandchild<input type="checkbox"/> In-law<input type="checkbox"/> Other relative</div><div><input type="checkbox"/> Roomer, boarder<input type="checkbox"/> Housemate, roommate<input type="checkbox"/> Unmarried partner<input type="checkbox"/> Foster child<input type="checkbox"/> Other nonrelative</div></div></div></div>	<div><div>Relationship of Person 2 to Person 1.</div><div><div><div><input type="checkbox"/> Husband or wife<input type="checkbox"/> Son or daughter<input type="checkbox"/> Brother or sister<input type="checkbox"/> Father or mother<input type="checkbox"/> Grandchild<input type="checkbox"/> In-law<input type="checkbox"/> Other relative</div><div><input type="checkbox"/> Roomer, boarder<input type="checkbox"/> Housemate, roommate<input type="checkbox"/> Unmarried partner<input type="checkbox"/> Foster child<input type="checkbox"/> Other nonrelative</div></div></div></div>			

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div><div>4</div><div>What is this person's marital status?</div><div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married</div></div></div> <div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married</div></div>	<div><div>4</div><div>What is this person's marital status?</div><div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married</div></div></div> <div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married</div></div>	<div><div>19</div><div>What is this person's marital status?</div><div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married → SKIP to <b>H</b></div></div></div>	<div><div>20</div><div>What is this person's marital status?</div><div><div><input type="checkbox"/> Now married</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div><div><input type="checkbox"/> Never married → SKIP to <b>I</b></div></div></div>	<div><div>✓</div><div>The question number changed from 19 to 20.</div></div> <div><div>✓</div><div>Skip for Never married response is different letter but skip is to the same instruction.</div></div>

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<p><b>NOTE: Please answer BOTH Questions 5 and 6.</b></p> <p><b>5</b> Is this person Spanish/Hispanic/Latino?</p> <p>Mark (X) the "No" box if not Spanish/Hispanic/Latino.</p> <div><input type="checkbox"/> No, not Spanish/Hispanic/Latino</div> <div><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</div> <div><input type="checkbox"/> Yes, Puerto Rican</div> <div><input type="checkbox"/> Yes, Cuban</div> <div><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> </div> <div></div>	<p><b>NOTE: Please answer BOTH Questions 5 and 6.</b></p> <p><b>5</b> Is this person Spanish/Hispanic/Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino.</p> <div><input type="checkbox"/> No, not Spanish/Hispanic/Latino</div> <div><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</div> <div><input type="checkbox"/> Yes, Puerto Rican</div> <div><input type="checkbox"/> Yes, Cuban</div> <div><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> </div> <div></div>	<p><b>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</b></p> <p><b>5</b> Is Person 1 of Hispanic, Latino, or Spanish origin?</p> <div><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</div> <div><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</div> <div><input type="checkbox"/> Yes, Puerto Rican</div> <div><input type="checkbox"/> Yes, Cuban</div> <div><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> </div> <div></div>	<p><b>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</b></p> <p><b>5</b> Is Person 1 of Hispanic, Latino, or Spanish origin?</p> <div><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</div> <div><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</div> <div><input type="checkbox"/> Yes, Puerto Rican</div> <div><input type="checkbox"/> Yes, Cuban</div> <div><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> </div> <div></div>	Unchanged

2005 and 2006 Content		2007 Content	
<div><div><div>6</div><div>What is this person's race? <b>Mark (X) one or more races</b> to indicate what this person considers himself/herself to be.</div><div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black or African American</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div><div><input type="checkbox"/> Other Asian – <i>Print race.</i> →</div></div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race below.</i> ↴</div><div><input type="checkbox"/> Some other race – <i>Print race below.</i> ↴</div></div></div><div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black or African American</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div><div><input type="checkbox"/> Other Asian – <i>Print race.</i> →</div></div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race below.</i> ↴</div><div><input type="checkbox"/> Some other race – <i>Print race below.</i> ↴</div></div></div></div></div></div></div>		<div><div><div>6</div><div>What is this person's race? <b>Mark (X) one or more races</b> to indicate what this person considers himself/herself to be.</div><div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black or African American</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div><div><input type="checkbox"/> Other Asian – <i>Print race.</i> →</div></div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race below.</i> ↴</div><div><input type="checkbox"/> Some other race – <i>Print race below.</i> ↴</div></div></div><div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black or African American</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div><div><input type="checkbox"/> Other Asian – <i>Print race.</i> →</div></div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race below.</i> ↴</div><div><input type="checkbox"/> Some other race – <i>Print race below.</i> ↴</div></div></div></div></div></div></div>	
2008 Content		2009 Content	
<div><div><div>6</div><div>What is Person 1's race? <b>Mark (X) one or more boxes.</b></div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black, African Am., or Negro</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↴</div></div><div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div></div><div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↴</div></div></div><div><div><input type="checkbox"/> Some other race – <i>Print race.</i> ↴</div></div></div></div></div></div></div>		<div><div><div>6</div><div>What is Person 1's race? <b>Mark (X) one or more boxes.</b></div><div><div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Black, African Am., or Negro</div><div><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↴</div></div><div><div><div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↴</div></div><div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Vietnamese</div></div><div><div><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Guamanian or Chamorro</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↴</div></div></div><div><div><input type="checkbox"/> Some other race – <i>Print race.</i> ↴</div></div></div></div></div></div></div>	
		Description of Changes from 2007 to 2008	
		Unchanged	

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>Person 10Person 11Person 12</div> <div>Last Name (Please print)Last Name (Please print)Last Name (Please print)</div> <div>First NameMIFirst NameMIFirst Name</div> <div>When you are finished, turn the page and continue with the Housing section.</div>	<div>Person 12</div> <div>Last Name (Please print)</div> <div>MIFirst Name</div> <div>When you are finished, turn the page and continue with the Housing section.</div>	No instruction	No instruction	The instruction at the bottom of the page was removed.
<div>Housing</div> <div>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.</div> <div>1 Which best describes this building? Include all apartments, flats, etc., even if vacant.</div> <div><div><input type="checkbox"/> A mobile home</div><div><input type="checkbox"/> A one-family house detached from any other house</div><div><input type="checkbox"/> A one-family house attached to one or more houses</div><div><input type="checkbox"/> A building with 2 apartments</div><div><input type="checkbox"/> A building with 3 or 4 apartments</div><div><input type="checkbox"/> A building with 5 to 9 apartments</div><div><input type="checkbox"/> A building with 10 to 19 apartments</div><div><input type="checkbox"/> A building with 20 to 49 apartments</div><div><input type="checkbox"/> A building with 50 or more apartments</div><div><input type="checkbox"/> Boat, RV, van, etc.</div></div>	<div>Housing</div> <div>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.</div> <div>1 Which best describes this building? Include all apartments, flats, etc., even if vacant.</div> <div><div><input type="checkbox"/> A mobile home</div><div><input type="checkbox"/> A one-family house detached from any other house</div><div><input type="checkbox"/> A one-family house attached to one or more houses</div><div><input type="checkbox"/> A building with 2 apartments</div><div><input type="checkbox"/> A building with 3 or 4 apartments</div><div><input type="checkbox"/> A building with 5 to 9 apartments</div><div><input type="checkbox"/> A building with 10 to 19 apartments</div><div><input type="checkbox"/> A building with 20 to 49 apartments</div><div><input type="checkbox"/> A building with 50 or more apartments</div><div><input type="checkbox"/> Boat, RV, van, etc.</div></div>	<div>Housing</div> <div>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.</div> <div>1 Which best describes this building? Include all apartments, flats, etc., even if vacant.</div> <div><div><input type="checkbox"/> A mobile home</div><div><input type="checkbox"/> A one-family house detached from any other house</div><div><input type="checkbox"/> A one-family house attached to one or more houses</div><div><input type="checkbox"/> A building with 2 apartments</div><div><input type="checkbox"/> A building with 3 or 4 apartments</div><div><input type="checkbox"/> A building with 5 to 9 apartments</div><div><input type="checkbox"/> A building with 10 to 19 apartments</div><div><input type="checkbox"/> A building with 20 to 49 apartments</div><div><input type="checkbox"/> A building with 50 or more apartments</div><div><input type="checkbox"/> Boat, RV, van, etc.</div></div>	<div>Housing</div> <div>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.</div> <div>1 Which best describes this building? Include all apartments, flats, etc., even if vacant.</div> <div><div><input type="checkbox"/> A mobile home</div><div><input type="checkbox"/> A one-family house detached from any other house</div><div><input type="checkbox"/> A one-family house attached to one or more houses</div><div><input type="checkbox"/> A building with 2 apartments</div><div><input type="checkbox"/> A building with 3 or 4 apartments</div><div><input type="checkbox"/> A building with 5 to 9 apartments</div><div><input type="checkbox"/> A building with 10 to 19 apartments</div><div><input type="checkbox"/> A building with 20 to 49 apartments</div><div><input type="checkbox"/> A building with 50 or more apartments</div><div><input type="checkbox"/> Boat, RV, van, etc.</div></div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<b>2 About when was this building first built?</b> <input type="checkbox"/> 2005 or later <input type="checkbox"/> 2000 to 2004 <input type="checkbox"/> 1990 to 1999 <input type="checkbox"/> 1980 to 1989 <input type="checkbox"/> 1970 to 1979 <input type="checkbox"/> 1960 to 1969 <input type="checkbox"/> 1950 to 1959 <input type="checkbox"/> 1940 to 1949 <input type="checkbox"/> 1939 or earlier	<b>2 About when was this building first built?</b> <input type="checkbox"/> 2005 or later <input type="checkbox"/> 2000 to 2004 <input type="checkbox"/> 1990 to 1999 <input type="checkbox"/> 1980 to 1989 <input type="checkbox"/> 1970 to 1979 <input type="checkbox"/> 1960 to 1969 <input type="checkbox"/> 1950 to 1959 <input type="checkbox"/> 1940 to 1949 <input type="checkbox"/> 1939 or earlier	<b>2 About when was this building first built?</b> <input type="checkbox"/> 2000 or later – <i>Specify year</i> → <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> 1990 to 1999 <input type="checkbox"/> 1980 to 1989 <input type="checkbox"/> 1970 to 1979 <input type="checkbox"/> 1960 to 1969 <input type="checkbox"/> 1950 to 1959 <input type="checkbox"/> 1940 to 1949 <input type="checkbox"/> 1939 or earlier	<b>2 About when was this building first built?</b> <input type="checkbox"/> 2000 or later – <i>Specify year</i> → <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> 1990 to 1999 <input type="checkbox"/> 1980 to 1989 <input type="checkbox"/> 1970 to 1979 <input type="checkbox"/> 1960 to 1969 <input type="checkbox"/> 1950 to 1959 <input type="checkbox"/> 1940 to 1949 <input type="checkbox"/> 1939 or earlier	Unchanged
<b>3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?</b> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>Month</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<b>3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?</b> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>Month</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<b>3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?</b> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>Month</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<b>3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?</b> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>Month</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	Unchanged
<b>A</b> Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	<b>A</b> Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	<b>A</b> Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.	<b>A</b> Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.	Unchanged
<b>4 How many cuerdas is this house or mobile home on?</b> <input type="checkbox"/> Less than 1 cuerda → <i>SKIP to question 6</i> <input type="checkbox"/> 1 to 9.9 cuerdas <input type="checkbox"/> 10 or more cuerdas	<b>4 How many cuerdas is this house or mobile home on?</b> <input type="checkbox"/> Less than 1 cuerda → <i>SKIP to question 6</i> <input type="checkbox"/> 1 to 9.9 cuerdas <input type="checkbox"/> 10 or more cuerdas	<b>4 How many cuerdas is this house or mobile home on?</b> <input type="checkbox"/> Less than 1 cuerda → <i>SKIP to question 6</i> <input type="checkbox"/> 1 to 9.9 cuerdas <input type="checkbox"/> 10 or more cuerdas	<b>4 How many cuerdas is this house or mobile home on?</b> <input type="checkbox"/> Less than 1 cuerda → <i>SKIP to question 6</i> <input type="checkbox"/> 1 to 9.9 cuerdas <input type="checkbox"/> 10 or more cuerdas	Unchanged
<b>5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?</b> <input type="checkbox"/> None <input type="checkbox"/> \$1 to \$999 <input type="checkbox"/> \$1,000 to \$2,499 <input type="checkbox"/> \$2,500 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 or more	<b>5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?</b> <input type="checkbox"/> None <input type="checkbox"/> \$1 to \$999 <input type="checkbox"/> \$1,000 to \$2,499 <input type="checkbox"/> \$2,500 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 or more	<b>5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?</b> <input type="checkbox"/> None <input type="checkbox"/> \$1 to \$999 <input type="checkbox"/> \$1,000 to \$2,499 <input type="checkbox"/> \$2,500 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 or more	<b>5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?</b> <input type="checkbox"/> None <input type="checkbox"/> \$1 to \$999 <input type="checkbox"/> \$1,000 to \$2,499 <input type="checkbox"/> \$2,500 to \$4,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$10,000 or more	Unchanged

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<b>6</b> Is there a business (such as a store or barber shop) or a medical office on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6</b> Is there a business (such as a store or barber shop) or a medical office on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6</b> Is there a business (such as a store or barber shop) or a medical office on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6</b> Is there a business (such as a store or barber shop) or a medical office on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unchanged
<b>7</b> How many rooms are in this house, apartment, or mobile home? <i>Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.</i> <input type="checkbox"/> 1 room <input type="checkbox"/> 2 rooms <input type="checkbox"/> 3 rooms <input type="checkbox"/> 4 rooms <input type="checkbox"/> 5 rooms <input type="checkbox"/> 6 rooms <input type="checkbox"/> 7 rooms <input type="checkbox"/> 8 rooms <input type="checkbox"/> 9 or more rooms	<b>7</b> How many rooms are in this house, apartment, or mobile home? <i>Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.</i> <input type="checkbox"/> 1 room <input type="checkbox"/> 2 rooms <input type="checkbox"/> 3 rooms <input type="checkbox"/> 4 rooms <input type="checkbox"/> 5 rooms <input type="checkbox"/> 6 rooms <input type="checkbox"/> 7 rooms <input type="checkbox"/> 8 rooms <input type="checkbox"/> 9 or more rooms	<b>7</b> a. How many separate rooms are in this house, apartment, or mobile home? <i>Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.</i> <ul style="list-style-type: none"> <li>• INCLUDE bedrooms, kitchens, etc.</li> <li>• EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.</li> </ul> Number of rooms <input type="text"/>	<b>7</b> a. How many separate rooms are in this house, apartment, or mobile home? <i>Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.</i> <ul style="list-style-type: none"> <li>• INCLUDE bedrooms, kitchens, etc.</li> <li>• EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.</li> </ul> Number of rooms <input type="text"/>	Unchanged
<b>8</b> How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent? <input type="checkbox"/> No bedroom <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms	<b>8</b> How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent? <input type="checkbox"/> No bedroom <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms	<b>b. How many of these rooms are bedrooms?</b> <i>Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".</i> Number of bedrooms <input type="text"/>	<b>b. How many of these rooms are bedrooms?</b> <i>Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".</i> Number of bedrooms <input type="text"/>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>9</div> <div>Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</div> <div><input type="checkbox"/> Yes, has all three facilities</div> <div><input type="checkbox"/> No</div>	<div>9</div> <div>Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</div> <div><input type="checkbox"/> Yes, has all three facilities</div> <div><input type="checkbox"/> No</div>	<div>8</div> <div>Does this house, apartment, or mobile home have –</div> <div><div></div><div>a. hot and cold running water?</div><div><input type="checkbox"/></div><div>Yes</div><div><input type="checkbox"/></div><div>No</div></div> <div><div></div><div>b. a flush toilet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>c. a bathtub or shower?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>d. a sink with a faucet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>e. a stove or range?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>f. a refrigerator?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>g. telephone service from which you can both make and receive calls? Include cell phones.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div>8</div> <div>Does this house, apartment, or mobile home have –</div> <div><div></div><div>a. hot and cold running water?</div><div><input type="checkbox"/></div><div>Yes</div><div><input type="checkbox"/></div><div>No</div></div> <div><div></div><div>b. a flush toilet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>c. a bathtub or shower?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>d. a sink with a faucet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>e. a stove or range?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>f. a refrigerator?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>g. telephone service from which you can both make and receive calls? Include cell phones.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	Unchanged
<div>10</div> <div>Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?</div> <div><input type="checkbox"/> Yes, has all three facilities</div> <div><input type="checkbox"/> No</div>	<div>10</div> <div>Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?</div> <div><input type="checkbox"/> Yes, has all three facilities</div> <div><input type="checkbox"/> No</div>	<div>8</div> <div>Does this house, apartment, or mobile home have –</div> <div><div></div><div>a. hot and cold running water?</div><div><input type="checkbox"/></div><div>Yes</div><div><input type="checkbox"/></div><div>No</div></div> <div><div></div><div>b. a flush toilet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>c. a bathtub or shower?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>d. a sink with a faucet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>e. a stove or range?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>f. a refrigerator?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>g. telephone service from which you can both make and receive calls? Include cell phones.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div>8</div> <div>Does this house, apartment, or mobile home have –</div> <div><div></div><div>a. hot and cold running water?</div><div><input type="checkbox"/></div><div>Yes</div><div><input type="checkbox"/></div><div>No</div></div> <div><div></div><div>b. a flush toilet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>c. a bathtub or shower?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>d. a sink with a faucet?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>e. a stove or range?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>f. a refrigerator?</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div><div></div><div>g. telephone service from which you can both make and receive calls? Include cell phones.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<b>11</b> Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>11</b> Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8</b> Does this house, apartment, or mobile home have – <div> <div>Yes</div> <div>No</div> </div> a. hot and cold running water? <input type="checkbox"/> <input type="checkbox"/> b. a flush toilet? <input type="checkbox"/> <input type="checkbox"/> c. a bathtub or shower? <input type="checkbox"/> <input type="checkbox"/> d. a sink with a faucet? <input type="checkbox"/> <input type="checkbox"/> e. a stove or range? <input type="checkbox"/> <input type="checkbox"/> f. a refrigerator? <input type="checkbox"/> <input type="checkbox"/> g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> <input type="checkbox"/> <input type="checkbox"/>	<b>8</b> Does this house, apartment, or mobile home have – <div> <div>Yes</div> <div>No</div> </div> a. hot and cold running water? <input type="checkbox"/> <input type="checkbox"/> b. a flush toilet? <input type="checkbox"/> <input type="checkbox"/> c. a bathtub or shower? <input type="checkbox"/> <input type="checkbox"/> d. a sink with a faucet? <input type="checkbox"/> <input type="checkbox"/> e. a stove or range? <input type="checkbox"/> <input type="checkbox"/> f. a refrigerator? <input type="checkbox"/> <input type="checkbox"/> g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> <input type="checkbox"/> <input type="checkbox"/>	Unchanged
<b>12</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	<b>12</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	<b>9</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	<b>9</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	Unchanged
<b>13</b> Which FUEL is used MOST for heating this house, apartment, or mobile home? <input type="checkbox"/> Gas: from underground pipes serving the neighborhood <input type="checkbox"/> Gas: bottled, tank, or LP <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil, kerosene, etc. <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other fuel <input type="checkbox"/> No fuel used	<b>13</b> Which FUEL is used MOST for heating this house, apartment, or mobile home? <input type="checkbox"/> Gas: from underground pipes serving the neighborhood <input type="checkbox"/> Gas: bottled, tank, or LP <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil, kerosene, etc. <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other fuel <input type="checkbox"/> No fuel used	<b>10</b> Which FUEL is used MOST for heating this house, apartment, or mobile home? <input type="checkbox"/> Gas: from underground pipes serving the neighborhood <input type="checkbox"/> Gas: bottled, tank, or LP <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil, kerosene, etc. <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other fuel <input type="checkbox"/> No fuel used	<b>10</b> Which FUEL is used MOST for heating this house, apartment, or mobile home? <input type="checkbox"/> Gas: from underground pipes serving the neighborhood <input type="checkbox"/> Gas: bottled, tank, or LP <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil, kerosene, etc. <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other fuel <input type="checkbox"/> No fuel used	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
<div>14</div> <div>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or electricity not used</div> <div>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> Included in electricity payment entered above</div> <div><input type="checkbox"/> No charge or gas not used</div> <div>c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge</div> <div>d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or these fuels not used</div>	<div>14</div> <div>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or electricity not used</div> <div>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> Included in electricity payment entered above</div> <div><input type="checkbox"/> No charge or gas not used</div> <div>c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge</div> <div>d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or these fuels not used</div>	<div>11</div> <div>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or electricity not used</div> <div>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> Included in electricity payment entered above</div> <div><input type="checkbox"/> No charge or gas not used</div> <div>c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge</div> <div>d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or these fuels not used</div>	<div>11</div> <div>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or electricity not used</div> <div>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</div> <div>Last month's cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> Included in electricity payment entered above</div> <div><input type="checkbox"/> No charge or gas not used</div> <div>c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge</div> <div>d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.</div> <div>Past 12 months' cost – Dollars</div> <div>\$ .00</div> <div>OR</div> <div><input type="checkbox"/> Included in rent or condominium fee</div> <div><input type="checkbox"/> No charge or these fuels not used</div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>15</b> At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?</p> <p><input type="checkbox"/> Yes → What was the value of the Food Stamps received during the past 12 months?</p> <p>Past 12 months' value – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p><input type="checkbox"/> No</p>	<p><b>15</b> At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?</p> <p><input type="checkbox"/> Yes → What was the value of the Food Stamps received during the past 12 months?</p> <p>Past 12 months' value – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p><input type="checkbox"/> No</p>	<p><b>12</b> IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>12</b> IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Unchanged
<p><b>16</b> Is this house, apartment, or mobile home part of a condominium?</p> <p><input type="checkbox"/> Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> No</p>	<p><b>16</b> Is this house, apartment, or mobile home part of a condominium?</p> <p><input type="checkbox"/> Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> No</p>	<p><b>13</b> Is this house, apartment, or mobile home part of a condominium?</p> <p><input type="checkbox"/> Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> No</p>	<p><b>13</b> Is this house, apartment, or mobile home part of a condominium?</p> <p><input type="checkbox"/> Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text" value=""/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> No</p>	Unchanged
<p><b>17</b> Is this house, apartment, or mobile home –</p> <p><input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan?</p> <p><input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage or loan)?</p> <p><input type="checkbox"/> Rented for cash rent?</p> <p><input type="checkbox"/> Occupied without payment of cash rent? → SKIP to <b>C</b></p>	<p><b>17</b> Is this house, apartment, or mobile home –</p> <p><input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan?</p> <p><input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage or loan)?</p> <p><input type="checkbox"/> Rented for cash rent?</p> <p><input type="checkbox"/> Occupied without payment of cash rent? → SKIP to <b>C</b></p>	<p><b>14</b> Is this house, apartment, or mobile home – Mark (X) ONE box.</p> <p><input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan? Include home equity loans.</p> <p><input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage or loan)?</p> <p><input type="checkbox"/> Rented?</p> <p><input type="checkbox"/> Occupied without payment of rent? → SKIP to <b>C</b></p>	<p><b>14</b> Is this house, apartment, or mobile home – Mark (X) ONE box.</p> <p><input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan? Include home equity loans.</p> <p><input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage or loan)?</p> <p><input type="checkbox"/> Rented?</p> <p><input type="checkbox"/> Occupied without payment of rent? → SKIP to <b>C</b></p>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
<div><div>B</div><div>Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.</div></div> <div><div>18</div><div><div>a. What is the monthly rent for this house, apartment, or mobile home?</div><div>Monthly amount – Dollars</div><div>\$ .00</div></div><div><div>b. Does the monthly rent include any meals?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div>	<div><div>B</div><div>Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.</div></div> <div><div>18</div><div><div>a. What is the monthly rent for this house, apartment, or mobile home?</div><div>Monthly amount – Dollars</div><div>\$ .00</div></div><div><div>b. Does the monthly rent include any meals?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div>	<div><div>B</div><div>Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.</div></div> <div><div>15</div><div><div>a. What is the monthly rent for this house, apartment, or mobile home?</div><div>Monthly amount – Dollars</div><div>\$ .00</div></div><div><div>b. Does the monthly rent include any meals?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div>	<div><div>B</div><div>Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.</div></div> <div><div>15</div><div><div>a. What is the monthly rent for this house, apartment, or mobile home?</div><div>Monthly amount – Dollars</div><div>\$ .00</div></div><div><div>b. Does the monthly rent include any meals?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>C</b> Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to <b>E</b> on the next page.</p> <p><b>19</b> What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?</p> <p><input type="checkbox"/> Less than \$10,000</p> <p><input type="checkbox"/> \$10,000 to \$14,999</p> <p><input type="checkbox"/> \$15,000 to \$19,999</p> <p><input type="checkbox"/> \$20,000 to \$24,999</p> <p><input type="checkbox"/> \$25,000 to \$29,999</p> <p><input type="checkbox"/> \$30,000 to \$34,999</p> <p><input type="checkbox"/> \$35,000 to \$39,999</p> <p><input type="checkbox"/> \$40,000 to \$49,999</p> <p><input type="checkbox"/> \$50,000 to \$59,999</p> <p><input type="checkbox"/> \$60,000 to \$69,999</p> <p><input type="checkbox"/> \$70,000 to \$79,999</p> <p><input type="checkbox"/> \$80,000 to \$89,999</p> <p><input type="checkbox"/> \$90,000 to \$99,999</p> <p><input type="checkbox"/> \$100,000 to \$124,999</p> <p><input type="checkbox"/> \$125,000 to \$149,999</p> <p><input type="checkbox"/> \$150,000 to \$174,999</p> <p><input type="checkbox"/> \$175,000 to \$199,999</p> <p><input type="checkbox"/> \$200,000 to \$249,999</p> <p><input type="checkbox"/> \$250,000 or more – Specify <input type="text"/></p> <p>\$ <input type="text"/> .00</p>	<p><b>C</b> Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to <b>E</b> on the next page.</p> <p><b>19</b> What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?</p> <p><input type="checkbox"/> Less than \$10,000</p> <p><input type="checkbox"/> \$10,000 to \$14,999</p> <p><input type="checkbox"/> \$15,000 to \$19,999</p> <p><input type="checkbox"/> \$20,000 to \$24,999</p> <p><input type="checkbox"/> \$25,000 to \$29,999</p> <p><input type="checkbox"/> \$30,000 to \$34,999</p> <p><input type="checkbox"/> \$35,000 to \$39,999</p> <p><input type="checkbox"/> \$40,000 to \$49,999</p> <p><input type="checkbox"/> \$50,000 to \$59,999</p> <p><input type="checkbox"/> \$60,000 to \$69,999</p> <p><input type="checkbox"/> \$70,000 to \$79,999</p> <p><input type="checkbox"/> \$80,000 to \$89,999</p> <p><input type="checkbox"/> \$90,000 to \$99,999</p> <p><input type="checkbox"/> \$100,000 to \$124,999</p> <p><input type="checkbox"/> \$125,000 to \$149,999</p> <p><input type="checkbox"/> \$150,000 to \$174,999</p> <p><input type="checkbox"/> \$175,000 to \$199,999</p> <p><input type="checkbox"/> \$200,000 to \$249,999</p> <p><input type="checkbox"/> \$250,000 or more – Specify <input type="text"/></p> <p>\$ <input type="text"/> .00</p>	<p><b>C</b> Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to <b>E</b> on the next page.</p> <p><b>16</b> About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?</p> <p>Amount – Dollars</p> <p>\$ <input type="text"/> .00</p>	<p><b>C</b> Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to <b>E</b> on the next page.</p> <p><b>16</b> About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?</p> <p>Amount – Dollars</p> <p>\$ <input type="text"/> .00</p>	Unchanged
<p><b>20</b> What are the annual real estate taxes on THIS property?</p> <p>Annual amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p>	<p><b>20</b> What are the annual real estate taxes on THIS property?</p> <p>Annual amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p>	<p><b>17</b> What are the annual real estate taxes on THIS property?</p> <p>Annual amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p>	<p><b>17</b> What are the annual real estate taxes on THIS property?</p> <p>Annual amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> None</p>	Unchanged





2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>23</b> a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?</p> <p> <input type="checkbox"/> Yes, home equity loan  <input type="checkbox"/> Yes, second mortgage  <input type="checkbox"/> Yes, second mortgage and home equity loan  <input type="checkbox"/> No → SKIP to <b>D</b> </p> <p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> No regular payment required</p>	<p><b>23</b> a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?</p> <p> <input type="checkbox"/> Yes, home equity loan  <input type="checkbox"/> Yes, second mortgage  <input type="checkbox"/> Yes, second mortgage and home equity loan  <input type="checkbox"/> No → SKIP to <b>D</b> </p> <p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> No regular payment required</p>	<p><b>20</b> a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?</p> <p> <input type="checkbox"/> Yes, home equity loan  <input type="checkbox"/> Yes, second mortgage  <input type="checkbox"/> Yes, second mortgage and home equity loan  <input type="checkbox"/> No → SKIP to <b>D</b> </p> <p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> No regular payment required</p>	<p><b>20</b> a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?</p> <p> <input type="checkbox"/> Yes, home equity loan  <input type="checkbox"/> Yes, second mortgage  <input type="checkbox"/> Yes, second mortgage and home equity loan  <input type="checkbox"/> No → SKIP to <b>D</b> </p> <p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?</p> <p>Monthly amount – Dollars</p> <p>\$ <input type="text"/> .00</p> <p>OR</p> <p><input type="checkbox"/> No regular payment required</p>	Unchanged
<p><b>D</b> Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to <b>E</b>.</p> <p><b>24</b> What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? <i>Exclude real estate taxes.</i></p> <p>Annual costs – Dollars</p> <p>\$ <input type="text"/> .00</p>	<p><b>D</b> Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to <b>E</b>.</p> <p><b>24</b> What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? <i>Exclude real estate taxes.</i></p> <p>Annual costs – Dollars</p> <p>\$ <input type="text"/> .00</p>	<p><b>D</b> Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to <b>E</b>.</p> <p><b>21</b> What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? <i>Exclude real estate taxes.</i></p> <p>Annual costs – Dollars</p> <p>\$ <input type="text"/> .00</p>	<p><b>D</b> Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to <b>E</b>.</p> <p><b>21</b> What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? <i>Exclude real estate taxes.</i></p> <p>Annual costs – Dollars</p> <p>\$ <input type="text"/> .00</p>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
<div><div>E</div><div>Answer questions 25a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.</div></div> <div><div>25</div><div><p>a. Do you or any member of this household live or stay at this address year round?</p><div><input type="checkbox"/> Yes → SKIP to the questions for Person 1 on the next page</div><div><input type="checkbox"/> No</div></div><p>b. How many months a year do members of this household stay at this address?</p><div>Months</div><div><div></div><div></div></div><p>c. What is the main reason members of this household are staying at this address?</p><div><input type="checkbox"/> This is their permanent address</div><div><input type="checkbox"/> This is their seasonal or vacation address</div><div><input type="checkbox"/> To be close to work</div><div><input type="checkbox"/> To attend school or college</div><div><input type="checkbox"/> Looking for permanent housing</div><div><input type="checkbox"/> Other reason(s) – Specify </div><div></div></div>	<div><div>E</div><div>Answer questions 25a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.</div></div> <div><div>25</div><div><p>a. Do you or any member of this household live or stay at this address year round?</p><div><input type="checkbox"/> Yes → SKIP to the questions for Person 1 on the next page</div><div><input type="checkbox"/> No</div></div><p>b. How many months a year do members of this household stay at this address?</p><div>Months</div><div><div></div><div></div></div><p>c. What is the main reason members of this household are staying at this address?</p><div><input type="checkbox"/> This is their permanent address</div><div><input type="checkbox"/> This is their seasonal or vacation address</div><div><input type="checkbox"/> To be close to work</div><div><input type="checkbox"/> To attend school or college</div><div><input type="checkbox"/> Looking for permanent housing</div><div><input type="checkbox"/> Other reason(s) — Specify </div><div></div></div>	Not asked	Not asked	Unchanged
<div><div>➔</div><div>Continue with the questions about PERSON 1 on the next page.</div></div>	<div><div>➔</div><div>Continue with the questions about PERSON 1 on the next page.</div></div>	<div><div>E</div><div>Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.</div></div>	<div><div>E</div><div>Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.</div></div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>Person 1</div> <div>➔ Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.</div> <div>Last Name</div> <div>First NameMI</div>	<div>Person 1</div> <div>➔ Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.</div> <div>Last Name</div> <div>First NameMI</div>	<div>Person 1</div> <div>➔ Please copy the name of Person 1 from Page 2, then continue answering questions below.</div> <div>Last Name</div> <div>First NameMI</div>	<div>Person 1</div> <div>➔ Please copy the name of Person 1 from page 2, then continue answering questions below.</div> <div>Last Name</div> <div>First NameMI</div>	Unchanged
<div>7 Where was this person born?</div> <div><input type="checkbox"/> In the United States – <i>Print name of state.</i></div> <div><input type="checkbox"/> Outside the United States – <i>Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.</i></div>	<div>7 Where was this person born?</div> <div><input type="checkbox"/> In the United States – <i>Print name of state.</i></div> <div><input type="checkbox"/> Outside the United States – <i>Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.</i></div>	<div>7 Where was this person born?</div> <div><input type="checkbox"/> In the United States – <i>Print name of state.</i></div> <div><input type="checkbox"/> Outside the United States – <i>Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.</i></div>	<div>7 Where was this person born?</div> <div><input type="checkbox"/> In the United States – <i>Print name of state.</i></div> <div><input type="checkbox"/> Outside the United States – <i>Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.</i></div>	Unchanged
<div>8 Is this person a CITIZEN of the United States?</div> <div><input type="checkbox"/> Yes, born in Puerto Rico → <i>SKIP to 10a</i></div> <div><input type="checkbox"/> Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas</div> <div><input type="checkbox"/> Yes, born abroad of American parent or parents</div> <div><input type="checkbox"/> Yes, U.S. citizen by naturalization</div> <div><input type="checkbox"/> No, not a citizen of the United States</div>	<div>8 Is this person a CITIZEN of the United States?</div> <div><input type="checkbox"/> Yes, born in Puerto Rico → <i>SKIP to 10a</i></div> <div><input type="checkbox"/> Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas</div> <div><input type="checkbox"/> Yes, born abroad of American parent or parents</div> <div><input type="checkbox"/> Yes, U.S. citizen by naturalization</div> <div><input type="checkbox"/> No, not a citizen of the United States</div>	<div>8 Is this person a citizen of the United States?</div> <div><input type="checkbox"/> Yes, born in Puerto Rico → <i>SKIP to 10a</i></div> <div><input type="checkbox"/> Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas</div> <div><input type="checkbox"/> Yes, born abroad of U.S. citizen parent or parents</div> <div><input type="checkbox"/> Yes, U.S. citizen by naturalization – <i>Print year of naturalization</i></div> <div><input type="checkbox"/> No, not a U.S. citizen</div>	<div>8 Is this person a citizen of the United States?</div> <div><input type="checkbox"/> Yes, born in the Puerto Rico → <i>SKIP to 10a</i></div> <div><input type="checkbox"/> Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas</div> <div><input type="checkbox"/> Yes, born abroad of U.S. citizen parent or parents</div> <div><input type="checkbox"/> Yes, U.S. citizen by naturalization – <i>Print year of naturalization</i></div> <div><input type="checkbox"/> No, not a U.S. citizen</div>	Unchanged
<div>9 When did this person come to live in Puerto Rico? <i>Print numbers in boxes.</i></div> <div>Year</div>	<div>9 When did this person come to live in Puerto Rico? <i>Print numbers in boxes.</i></div> <div>Year</div>	<div>9 When did this person come to live in Puerto Rico? <i>Print numbers in boxes.</i></div> <div>Year</div>	<div>9 When did this person come to live in Puerto Rico? <i>Print numbers in boxes.</i></div> <div>Year</div>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>10</b> a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.</p> <p><input type="checkbox"/> No, has not attended in the last 3 months → SKIP to question 11</p> <p><input type="checkbox"/> Yes, public school, public college</p> <p><input type="checkbox"/> Yes, private school, private college</p> <p>b. What grade or level was this person attending? Mark (X) ONE box.</p> <p><input type="checkbox"/> Nursery school, preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 to grade 4</p> <p><input type="checkbox"/> Grade 5 to grade 8</p> <p><input type="checkbox"/> Grade 9 to grade 12</p> <p><input type="checkbox"/> College undergraduate years (freshman to senior)</p> <p><input type="checkbox"/> Graduate or professional school (for example: medical, dental, or law school)</p>	<p><b>10</b> a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.</p> <p><input type="checkbox"/> No, has not attended in the last 3 months → SKIP to question 11</p> <p><input type="checkbox"/> Yes, public school, public college</p> <p><input type="checkbox"/> Yes, private school, private college</p> <p>b. What grade or level was this person attending? Mark (X) ONE box.</p> <p><input type="checkbox"/> Nursery school, preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 to grade 4</p> <p><input type="checkbox"/> Grade 5 to grade 8</p> <p><input type="checkbox"/> Grade 9 to grade 12</p> <p><input type="checkbox"/> College undergraduate years (freshman to senior)</p> <p><input type="checkbox"/> Graduate or professional school (for example: medical, dental, or law school)</p>	<p><b>10</b> a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.</p> <p><input type="checkbox"/> No, has not attended in the last 3 months → SKIP to question 11</p> <p><input type="checkbox"/> Yes, public school, public college</p> <p><input type="checkbox"/> Yes, private school, private college, home school</p> <p>b. What grade or level was this person attending? Mark (X) ONE box.</p> <p><input type="checkbox"/> Nursery school, preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 12 – Specify grade 1 – 12 →</p> <p><input type="checkbox"/> College undergraduate years (freshman to senior)</p> <p><input type="checkbox"/> Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)</p>	<p><b>10</b> a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.</p> <p><input type="checkbox"/> No, has not attended in the last 3 months → SKIP to question 11</p> <p><input type="checkbox"/> Yes, public school, public college</p> <p><input type="checkbox"/> Yes, private school, private college, home school</p> <p>b. What grade or level was this person attending? Mark (X) ONE box.</p> <p><input type="checkbox"/> Nursery school, preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 12 – Specify grade 1 – 12 →</p> <p><input type="checkbox"/> College undergraduate years (freshman to senior)</p> <p><input type="checkbox"/> Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)</p>	Unchanged

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>11</b> What is the highest degree or level of school this person has <b>COMPLETED</b>? Mark (X) <i>ONE</i> box. If currently enrolled, mark the previous grade or highest degree received.</p> <p><input type="checkbox"/> No schooling completed</p> <p><input type="checkbox"/> Nursery school to 4th grade</p> <p><input type="checkbox"/> 5th grade or 6th grade</p> <p><input type="checkbox"/> 7th grade or 8th grade</p> <p><input type="checkbox"/> 9th grade</p> <p><input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 12th grade – <b>NO DIPLOMA</b></p> <p><input type="checkbox"/> <b>HIGH SCHOOL GRADUATE</b> – high school DIPLOMA or the equivalent (for example: GED)</p> <p><input type="checkbox"/> Some college credit, but less than 1 year</p> <p><input type="checkbox"/> 1 or more years of college, no degree</p> <p><input type="checkbox"/> Associate degree (for example: AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (for example: BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional degree (for example: MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (for example: PhD, EdD)</p>	<p><b>11</b> What is the highest degree or level of school this person has <b>COMPLETED</b>? Mark (X) <i>ONE</i> box. If currently enrolled, mark the previous grade or highest degree received.</p> <p><input type="checkbox"/> No schooling completed</p> <p><input type="checkbox"/> Nursery school to 4th grade</p> <p><input type="checkbox"/> 5th grade or 6th grade</p> <p><input type="checkbox"/> 7th grade or 8th grade</p> <p><input type="checkbox"/> 9th grade</p> <p><input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 12th grade – <b>NO DIPLOMA</b></p> <p><input type="checkbox"/> <b>HIGH SCHOOL GRADUATE</b> – high school DIPLOMA or the equivalent (for example: GED)</p> <p><input type="checkbox"/> Some college credit, but less than 1 year</p> <p><input type="checkbox"/> 1 or more years of college, no degree</p> <p><input type="checkbox"/> Associate degree (for example: AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (for example: BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional degree (for example: MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (for example: PhD, EdD)</p>	<p><b>11</b> What is the highest degree or level of school this person has <b>COMPLETED</b>? Mark (X) <i>ONE</i> box. If currently enrolled, mark the previous grade or highest degree received.</p> <p><b>NO SCHOOLING COMPLETED</b></p> <p><input type="checkbox"/> No schooling completed</p> <p><b>NURSERY OR PRESCHOOL THROUGH GRADE 12</b></p> <p><input type="checkbox"/> Nursery school</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 11 – Specify grade 1 – 11</p> <p><input type="checkbox"/> 12th grade – <b>NO DIPLOMA</b></p> <p><b>HIGH SCHOOL GRADUATE</b></p> <p><input type="checkbox"/> Regular high school diploma</p> <p><input type="checkbox"/> GED or alternative credential</p> <p><b>COLLEGE OR SOME COLLEGE</b></p> <p><input type="checkbox"/> Some college credit, but less than 1 year of college credit</p> <p><input type="checkbox"/> 1 or more years of college credit, no degree</p> <p><input type="checkbox"/> Associate's degree (for example: AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (for example: BA, BS)</p> <p><b>AFTER BACHELOR'S DEGREE</b></p> <p><input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (for example: PhD, EdD)</p>	<p><b>11</b> What is the highest degree or level of school this person has <b>COMPLETED</b>? Mark (X) <i>ONE</i> box. If currently enrolled, mark the previous grade or highest degree received.</p> <p><b>NO SCHOOLING COMPLETED</b></p> <p><input type="checkbox"/> No schooling completed</p> <p><b>NURSERY OR PRESCHOOL THROUGH GRADE 12</b></p> <p><input type="checkbox"/> Nursery school</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 11 – Specify grade 1 – 11</p> <p><input type="checkbox"/> 12th grade – <b>NO DIPLOMA</b></p> <p><b>HIGH SCHOOL GRADUATE</b></p> <p><input type="checkbox"/> Regular high school diploma</p> <p><input type="checkbox"/> GED or alternative credential</p> <p><b>COLLEGE OR SOME COLLEGE</b></p> <p><input type="checkbox"/> Some college credit, but less than 1 year of college credit</p> <p><input type="checkbox"/> 1 or more years of college credit, no degree</p> <p><input type="checkbox"/> Associate's degree (for example: AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (for example: BA, BS)</p> <p><b>AFTER BACHELOR'S DEGREE</b></p> <p><input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (for example: PhD, EdD)</p>	<p>Unchanged</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
Not asked	Not asked	Not asked	<div><div><b>F</b> Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.</div><div><b>12</b> This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)<div></div><div></div><div></div></div></div>	New skip instruction and question for 2009.
<div><b>12</b> What is this person's ancestry or ethnic origin?<div></div><div></div><div>(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</div></div>	<div><b>12</b> What is this person's ancestry or ethnic origin?<div></div><div></div><div>(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</div></div>	<div><b>12</b> What is this person's ancestry or ethnic origin?<div></div><div></div><div>(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</div></div>	<div><b>13</b> What is this person's ancestry or ethnic origin?<div></div><div></div><div>(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</div></div>	✓ Question number changed from 12 to 13.
<div><b>13</b> a. Does this person speak a language other than English at home?<div><input type="checkbox"/> Yes<div><input type="checkbox"/> No → SKIP to question 14</div></div><div>b. What is this language?<div></div><div>For example: Korean, Italian, Spanish, Vietnamese</div></div><div>c. How well does this person speak English?<div><input type="checkbox"/> Very well<div><input type="checkbox"/> Well<div><input type="checkbox"/> Not well<div><input type="checkbox"/> Not at all</div></div></div></div></div></div>	<div><b>13</b> a. Does this person speak a language other than English at home?<div><input type="checkbox"/> Yes<div><input type="checkbox"/> No → SKIP to question 14</div></div><div>b. What is this language?<div></div><div>For example: Korean, Italian, Spanish, Vietnamese</div></div><div>c. How well does this person speak English?<div><input type="checkbox"/> Very well<div><input type="checkbox"/> Well<div><input type="checkbox"/> Not well<div><input type="checkbox"/> Not at all</div></div></div></div></div></div>	<div><b>13</b> a. Does this person speak a language other than English at home?<div><input type="checkbox"/> Yes<div><input type="checkbox"/> No → SKIP to question 14a</div></div><div>b. What is this language?<div></div><div>For example: Korean, Italian, Spanish, Vietnamese</div></div><div>c. How well does this person speak English?<div><input type="checkbox"/> Very well<div><input type="checkbox"/> Well<div><input type="checkbox"/> Not well<div><input type="checkbox"/> Not at all</div></div></div></div></div></div>	<div><b>14</b> a. Does this person speak a language other than English at home?<div><input type="checkbox"/> Yes<div><input type="checkbox"/> No → SKIP to question 15a</div></div><div>b. What is this language?<div></div><div>For example: Korean, Italian, Spanish, Vietnamese</div></div><div>c. How well does this person speak English?<div><input type="checkbox"/> Very well<div><input type="checkbox"/> Well<div><input type="checkbox"/> Not well<div><input type="checkbox"/> Not at all</div></div></div></div></div></div>	✓ Question number changed from 13 to 14.

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
<div>14</div> <div>a. Did this person live in this house or apartment 1 year ago?</div> <div><div><input type="checkbox"/> Person is under 1 year old → SKIP to the questions for Person 2 on page 10.</div><div><input type="checkbox"/> Yes, this house → SKIP to F .</div><div><input type="checkbox"/> No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to f .</div><div><input type="checkbox"/> No, different house in Puerto Rico or the United States</div></div> <div><div>b. Where did this person live 1 year ago?</div><div>Name of city, town, or post office</div><div></div></div> <div><div>c. Did this person live inside the limits of the city or town?</div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No, outside the city/town limits</div><div>Name of municipio or U.S. county</div><div></div><div><div>Enter Puerto Rico or name of U.S. state</div><div>ZIP Code</div><div></div><div></div><div></div><div></div></div></div>	<div>14</div> <div>a. Did this person live in this house or apartment 1 year ago?</div> <div><div><input type="checkbox"/> Person is under 1 year old → SKIP to the questions for Person 2 on page 10.</div><div><input type="checkbox"/> Yes, this house → SKIP to F</div><div><input type="checkbox"/> No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to F</div><div><input type="checkbox"/> No, different house in Puerto Rico or the United States</div></div> <div><div>b. Where did this person live 1 year ago?</div><div>Name of city, town, or post office</div><div></div></div> <div><div>c. Did this person live inside the limits of the city or town?</div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No, outside the city/town limits</div><div>Name of municipio or U.S. county</div><div></div><div><div>Enter Puerto Rico or name of U.S. state</div><div>ZIP Code</div><div></div><div></div><div></div><div></div></div></div>	<div>14</div> <div>a. Did this person live in this house or apartment 1 year ago?</div> <div><div><input type="checkbox"/> Person is under 1 year old → SKIP to question 15</div><div><input type="checkbox"/> Yes, this house → SKIP to question 15</div><div><input type="checkbox"/> No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15.</div><div><input type="checkbox"/> No, different house in Puerto Rico or the United States</div></div> <div><div>b. Where did this person live 1 year ago?</div><div>Address</div><div>Development or condominium name</div><div>Number and street name</div><div></div><div></div><div>Name of city, town, or post office</div><div></div><div>Name of municipio in Puerto Rico or U.S. county</div><div></div><div><div>Enter Puerto Rico or name of U.S. state</div><div>ZIP Code</div><div></div><div></div><div></div><div></div></div></div>	<div>15</div> <div>a. Did this person live in this house or apartment 1 year ago?</div> <div><div><input type="checkbox"/> Person is under 1 year old → SKIP to question 16</div><div><input type="checkbox"/> Yes, this house → SKIP to question 16</div><div><input type="checkbox"/> No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.</div><div><input type="checkbox"/> No, different house in Puerto Rico or the United States</div></div> <div><div>b. Where did this person live 1 year ago?</div><div>Address</div><div>Development or condominium name</div><div>Number and street name</div><div></div><div></div><div>Name of city, town, or post office</div><div></div><div>Name of municipio in Puerto Rico or U.S. county</div><div></div><div><div>Enter Puerto Rico or name of U.S. state</div><div>ZIP Code</div><div></div><div></div><div></div><div></div></div></div>	<div>✓</div> <div>Question number changed from 14 to 15.</div>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009																																																						
Not asked	Not asked	<div>15</div> <div>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</div> <table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Insurance through a current or former employer or union (of this person or another family member)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>c. Medicare, for people 65 and older, or people with certain disabilities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>e. TRICARE or other military health care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>f. VA (including those who have ever used or enrolled for VA health care)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>g. Indian Health Service</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>h. Any other type of health insurance or health coverage plan – Specify ↘</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <div></div>		Yes	No	a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>	e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>	f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>	g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	h. Any other type of health insurance or health coverage plan – Specify ↘	<input type="checkbox"/>	<input type="checkbox"/>	<div>16</div> <div>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</div> <table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Insurance through a current or former employer or union (of this person or another family member)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>c. Medicare, for people 65 and older, or people with certain disabilities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>e. TRICARE or other military health care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>f. VA (including those who have ever used or enrolled for VA health care)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>g. Indian Health Service</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>h. Any other type of health insurance or health coverage plan – Specify ↘</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <div></div>		Yes	No	a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>	e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>	f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>	g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	h. Any other type of health insurance or health coverage plan – Specify ↘	<input type="checkbox"/>	<input type="checkbox"/>	✓ Question number changed from 15 to 16.
	Yes	No																																																								
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a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>																																																								
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>																																																								
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>																																																								
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>																																																								
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>																																																								
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>																																																								
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>																																																								
h. Any other type of health insurance or health coverage plan – Specify ↘	<input type="checkbox"/>	<input type="checkbox"/>																																																								
<div>F</div> <div>Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.</div> <div>15</div> <div>Does this person have any of the following long-lasting conditions:</div> <table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Blindness, deafness, or a severe vision or hearing impairment?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		Yes	No	a. Blindness, deafness, or a severe vision or hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	<input type="checkbox"/>	<input type="checkbox"/>	<div>F</div> <div>Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.</div> <div>15</div> <div>Does this person have any of the following long-lasting conditions:</div> <table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Blindness, deafness, or a severe vision or hearing impairment?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		Yes	No	a. Blindness, deafness, or a severe vision or hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	<input type="checkbox"/>	<input type="checkbox"/>	<div>16</div> <div>a. Is this person deaf or does he/she have serious difficulty hearing?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>17</div> <div>a. Is this person deaf or does he/she have serious difficulty hearing?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div>b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	✓ Question number changed from 16 to 17.																																				
	Yes	No																																																								
a. Blindness, deafness, or a severe vision or hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>																																																								
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	<input type="checkbox"/>	<input type="checkbox"/>																																																								
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2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div><div><div>16</div><div>Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:</div><div><div><div>a. Learning, remembering, or concentrating?</div><div>b. Dressing, bathing, or getting around inside the home?</div></div><div><div>Yes</div><div>No</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div>	<div><div><div>16</div><div>Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:</div><div><div><div>a. Learning, remembering, or concentrating?</div><div>b. Dressing, bathing, or getting around inside the home?</div></div><div><div>Yes</div><div>No</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div>	<div><div><div>F</div><div>Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.</div></div><div><div><div>17</div><div>a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>b. Does this person have serious difficulty walking or climbing stairs?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>c. Does this person have difficulty dressing or bathing?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div></div>	<div><div><div>G</div><div>Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.</div></div><div><div><div>18</div><div>a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>b. Does this person have serious difficulty walking or climbing stairs?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>c. Does this person have difficulty dressing or bathing?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div></div>	<div><div>✓ Skip instruction designator changed from F to G.</div><div>✓ Question number changed from 17 to 18.</div></div>
<div><div><div>G</div><div>Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.</div></div><div><div><div>17</div><div>Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:</div><div><div><div>a. Going outside the home alone to shop or visit a doctor's office?</div><div>b. Working at a job or business?</div></div><div><div>Yes</div><div>No</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div></div>	<div><div><div>G</div><div>Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.</div></div><div><div><div>17</div><div>Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:</div><div><div><div>a. Going outside the home alone to shop or visit a doctor's office?</div><div>b. Working at a job or business?</div></div><div><div>Yes</div><div>No</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div></div>	<div><div><div>G</div><div>Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.</div></div><div><div><div>18</div><div>Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div></div>	<div><div><div>H</div><div>Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.</div></div><div><div><div>19</div><div>Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div></div>	<div><div>✓ Skip instruction designator changed from G to H.</div><div>✓ Question number changed from 18 to 19.</div></div>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
Not asked	Not asked	<div>20 In the PAST 12 MONTHS did this person get – Yes No a. Married? <input type="checkbox"/> <input type="checkbox"/> b. Widowed? <input type="checkbox"/> <input type="checkbox"/> c. Divorced? <input type="checkbox"/> <input type="checkbox"/> 21 How many times has this person been married? <input type="checkbox"/> Once <input type="checkbox"/> Two times <input type="checkbox"/> Three or more times 22 In what year did this person last get married? Year <input type="text"/></div>	<div>21 In the PAST 12 MONTHS did this person get – Yes No a. Married? <input type="checkbox"/> <input type="checkbox"/> b. Widowed? <input type="checkbox"/> <input type="checkbox"/> c. Divorced? <input type="checkbox"/> <input type="checkbox"/> 22 How many times has this person been married? <input type="checkbox"/> Once <input type="checkbox"/> Two times <input type="checkbox"/> Three or more times 23 In what year did this person last get married? Year <input type="text"/></div>	<p>Note: marital status question (question number 20 in 2009) is presented on page 6, after Person question 2.</p> <p>✓ Question number changed from 20 to 21.</p> <p>✓ Question number changed from 21 to 22.</p> <p>✓ Question number changed from 22 to 23.</p>
<div>H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.</div> <div>18 Has this person given birth to any children in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.</div> <div>18 Has this person given birth to any children in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.</div> <div>23 Has this person given birth to any children in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>I Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.</div> <div>24 Has this person given birth to any children in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<p>✓ Skip instruction designator changed from H to I.</p> <p>✓ Question number changed from 23 to 24.</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>19</b> a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 20</p> <p>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 20</p> <p>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> 6 to 11 months</p> <p><input type="checkbox"/> 1 or 2 years</p> <p><input type="checkbox"/> 3 or 4 years</p> <p><input type="checkbox"/> 5 or more years</p>	<p><b>19</b> a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 20</p> <p>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 20</p> <p>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> 6 to 11 months</p> <p><input type="checkbox"/> 1 or 2 years</p> <p><input type="checkbox"/> 3 or 4 years</p> <p><input type="checkbox"/> 5 or more years</p>	<p><b>24</b> a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 25</p> <p>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 25</p> <p>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> 6 to 11 months</p> <p><input type="checkbox"/> 1 or 2 years</p> <p><input type="checkbox"/> 3 or 4 years</p> <p><input type="checkbox"/> 5 or more years</p>	<p><b>25</b> a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 26</p> <p>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 26</p> <p>c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> 6 to 11 months</p> <p><input type="checkbox"/> 1 or 2 years</p> <p><input type="checkbox"/> 3 or 4 years</p> <p><input type="checkbox"/> 5 or more years</p>	<p>✓ Question number changed from 24 to 25.</p>
<p><b>20</b> Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty during the last 12 months, but not now</p> <p><input type="checkbox"/> Yes, on active duty in the past, but not during the last 12 months</p> <p><input type="checkbox"/> No, training for Reserves or National Guard only → SKIP to question 23</p> <p><input type="checkbox"/> No, never served in the military → SKIP to question 23</p>	<p><b>20</b> Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty during the last 12 months, but not now</p> <p><input type="checkbox"/> Yes, on active duty in the past, but not during the last 12 months</p> <p><input type="checkbox"/> No, training for Reserves or National Guard only → SKIP to question 23</p> <p><input type="checkbox"/> No, never served in the military → SKIP to question 23</p>	<p><b>25</b> Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty during the last 12 months, but not now</p> <p><input type="checkbox"/> Yes, on active duty in the past, but not during the last 12 months</p> <p><input type="checkbox"/> No, training for Reserves or National Guard only → SKIP to question 27a</p> <p><input type="checkbox"/> No, never served in the military → SKIP to question 28a</p>	<p><b>26</b> Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty during the last 12 months, but not now</p> <p><input type="checkbox"/> Yes, on active duty in the past, but not during the last 12 months</p> <p><input type="checkbox"/> No, training for Reserves or National Guard only → SKIP to question 28a</p> <p><input type="checkbox"/> No, never served in the military → SKIP to question 29a</p>	<p>✓ Question number changed from 25 to 26.</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>21</b> When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.</p> <p> <input type="checkbox"/> September 2001 or later  <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)  <input type="checkbox"/> September 1980 to July 1990  <input type="checkbox"/> May 1975 to August 1980  <input type="checkbox"/> Vietnam era (August 1964 to April 1975)  <input type="checkbox"/> March 1961 to July 1964  <input type="checkbox"/> February 1955 to February 1961  <input type="checkbox"/> Korean War (July 1950 to January 1955)  <input type="checkbox"/> January 1947 to June 1950  <input type="checkbox"/> World War II (December 1941 to December 1946)  <input type="checkbox"/> November 1941 or earlier </p>	<p><b>21</b> When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.</p> <p> <input type="checkbox"/> September 2001 or later  <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)  <input type="checkbox"/> September 1980 to July 1990  <input type="checkbox"/> May 1975 to August 1980  <input type="checkbox"/> Vietnam era (August 1964 to April 1975)  <input type="checkbox"/> March 1961 to July 1964  <input type="checkbox"/> February 1955 to February 1961  <input type="checkbox"/> Korean War (July 1950 to January 1955)  <input type="checkbox"/> January 1947 to June 1950  <input type="checkbox"/> World War II (December 1941 to December 1946)  <input type="checkbox"/> November 1941 or earlier </p>	<p><b>26</b> When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.</p> <p> <input type="checkbox"/> September 2001 or later  <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)  <input type="checkbox"/> September 1980 to July 1990  <input type="checkbox"/> May 1975 to August 1980  <input type="checkbox"/> Vietnam era (August 1964 to April 1975)  <input type="checkbox"/> March 1961 to July 1964  <input type="checkbox"/> February 1955 to February 1961  <input type="checkbox"/> Korean War (July 1950 to January 1955)  <input type="checkbox"/> January 1947 to June 1950  <input type="checkbox"/> World War II (December 1941 to December 1946)  <input type="checkbox"/> November 1941 or earlier </p>	<p><b>27</b> When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.</p> <p> <input type="checkbox"/> September 2001 or later  <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)  <input type="checkbox"/> September 1980 to July 1990  <input type="checkbox"/> May 1975 to August 1980  <input type="checkbox"/> Vietnam era (August 1964 to April 1975)  <input type="checkbox"/> March 1961 to July 1964  <input type="checkbox"/> February 1955 to February 1961  <input type="checkbox"/> Korean War (July 1950 to January 1955)  <input type="checkbox"/> January 1947 to June 1950  <input type="checkbox"/> World War II (December 1941 to December 1946)  <input type="checkbox"/> November 1941 or earlier </p>	<p>✓ Question number changed from 26 to 27.</p>
Not asked	Not asked	<p><b>27</b> a. Does this person have a VA service-connected disability rating?</p> <p> <input type="checkbox"/> Yes (such as 0%, 10%, 20%, ... , 100%)  <input type="checkbox"/> No → SKIP to question 28a </p> <p>b. What is this person's service-connected disability rating?</p> <p> <input type="checkbox"/> 0 percent  <input type="checkbox"/> 10 or 20 percent  <input type="checkbox"/> 30 or 40 percent  <input type="checkbox"/> 50 or 60 percent  <input type="checkbox"/> 70 percent or higher </p>	<p><b>28</b> a. Does this person have a VA service-connected disability rating?</p> <p> <input type="checkbox"/> Yes (such as 0%, 10%, 20%, ... , 100%)  <input type="checkbox"/> No → SKIP to question 29a </p> <p>b. What is this person's service-connected disability rating?</p> <p> <input type="checkbox"/> 0 percent  <input type="checkbox"/> 10 or 20 percent  <input type="checkbox"/> 30 or 40 percent  <input type="checkbox"/> 50 or 60 percent  <input type="checkbox"/> 70 percent or higher </p>	<p>✓ Question number changed from 27 to 28.</p>
<p><b>22</b> In total, how many years of active-duty military service has this person had?</p> <p> <input type="checkbox"/> Less than 2 years    <input type="checkbox"/> 2 years or more </p>	<p><b>22</b> In total, how many years of active-duty military service has this person had?</p> <p> <input type="checkbox"/> Less than 2 years    <input type="checkbox"/> 2 years or more </p>	Not asked	Not asked	Unchanged
<p><b>23</b> LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → SKIP to question 29 </p>	<p><b>23</b> LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → SKIP to question 29 </p>	<p><b>28</b> a. LAST WEEK, did this person work for pay at a job (or business)?</p> <p> <input type="checkbox"/> Yes → SKIP to question 29  <input type="checkbox"/> No – Did not work (or retired) </p> <p>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → SKIP to question 34a </p>	<p><b>29</b> a. LAST WEEK, did this person work for pay at a job (or business)?</p> <p> <input type="checkbox"/> Yes → SKIP to question 30  <input type="checkbox"/> No – Did not work (or retired) </p> <p>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → SKIP to question 35a </p>	<p>✓ Question number changed from 28 to 29.</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009																																																								
<p><b>24</b> At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.</p> <p><b>a. Address</b></p> <p>Development or condominium name; Number and street name</p> <div></div> <div></div> <p>If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.</p> <p><b>b. Name of city, town, or post office</b></p> <div></div> <p><b>c. Is the work location inside the limits of that city or town?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, outside the city/town limits</p> <p><b>d. Name of municipio or U.S. county</b></p> <div></div> <p><b>e. Enter Puerto Rico or name of U.S. state or foreign country</b></p> <div></div> <p><b>f. ZIP Code</b></p> <div></div>	<p><b>24</b> At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.</p> <p><b>a. Address</b></p> <p>Development or condominium name; Number and street name</p> <div></div> <div></div> <p>If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.</p> <p><b>b. Name of city, town, or post office</b></p> <div></div> <p><b>c. Is the work location inside the limits of that city or town?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, outside the city/town limits</p> <p><b>d. Name of municipio or U.S. county</b></p> <div></div> <p><b>e. Enter Puerto Rico or name of U.S. state or foreign country</b></p> <div></div> <p><b>f. ZIP Code</b></p> <div></div>	<p><b>29</b> At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.</p> <p><b>a. Address</b></p> <p>Development or condominium name; Number and street name</p> <div></div> <div></div> <p>If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.</p> <p><b>b. Name of city, town, or post office</b></p> <div></div> <p><b>c. Is the work location inside the limits of that city or town?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, outside the city/town limits</p> <p><b>d. Name of municipio in Puerto Rico or U.S. county</b></p> <div></div> <p><b>e. Enter Puerto Rico or name of U.S. state or foreign country</b></p> <div></div> <p><b>f. ZIP Code</b></p> <div></div>	<p><b>30</b> At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.</p> <p><b>a. Address</b></p> <p>Development or condominium name; Number and street name</p> <div></div> <div></div> <p>If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.</p> <p><b>b. Name of city, town, or post office</b></p> <div></div> <p><b>c. Is the work location inside the limits of that city or town?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, outside the city/town limits</p> <p><b>d. Name of municipio in Puerto Rico or U.S. county</b></p> <div></div> <p><b>e. Enter Puerto Rico or name of U.S. state or foreign country</b></p> <div></div> <p><b>f. ZIP Code</b></p> <div></div>	<p>✓ Question number changed from 29 to 30.</p>																																																								
<p><b>25</b> How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.</p> <table><tbody><tr><td><input type="checkbox"/> Car, truck, or van</td><td><input type="checkbox"/> Motorcycle</td></tr><tr><td><input type="checkbox"/> Bus or trolley bus</td><td><input type="checkbox"/> Bicycle</td></tr><tr><td><input type="checkbox"/> Carro público</td><td><input type="checkbox"/> Walked</td></tr><tr><td><input type="checkbox"/> Subway or elevated</td><td><input type="checkbox"/> Worked at home → SKIP to question 33</td></tr><tr><td><input type="checkbox"/> Railroad</td><td><input type="checkbox"/> Other method</td></tr><tr><td><input type="checkbox"/> Ferryboat</td><td></td></tr><tr><td><input type="checkbox"/> Taxicab</td><td></td></tr></tbody></table>	<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Bus or trolley bus	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Carro público	<input type="checkbox"/> Walked	<input type="checkbox"/> Subway or elevated	<input type="checkbox"/> Worked at home → SKIP to question 33	<input type="checkbox"/> Railroad	<input type="checkbox"/> Other method	<input type="checkbox"/> Ferryboat		<input type="checkbox"/> Taxicab		<p><b>25</b> How did this person usually get to work LAST WEEK? 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2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<div>I</div> <div>Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.</div> <div>26</div> <div>How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</div> <div>Person(s)</div> <div></div>	<div>I</div> <div>Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.</div> <div>26</div> <div>How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</div> <div>Person(s)</div> <div></div>	<div>I</div> <div>Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.</div> <div>31</div> <div>How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</div> <div>Person(s)</div> <div></div>	<div>J</div> <div>Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.</div> <div>32</div> <div>How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</div> <div>Person(s)</div> <div></div>	<div>✓</div> <div>Skip instruction designator changed from I to J.</div> <div>✓</div> <div>Question number changed from 31 to 32.</div>
<div>27</div> <div>What time did this person usually leave home to go to work LAST WEEK?</div> <div>Hour Minute</div> <div><div></div><div>:</div><div></div></div> <div><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</div>	<div>27</div> <div>What time did this person usually leave home to go to work LAST WEEK?</div> <div>Hour Minute</div> <div><div></div><div>:</div><div></div></div> <div><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</div>	<div>32</div> <div>What time did this person usually leave home to go to work LAST WEEK?</div> <div>Hour Minute</div> <div><div></div><div>:</div><div></div></div> <div><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</div>	<div>33</div> <div>What time did this person usually leave home to go to work LAST WEEK?</div> <div>Hour Minute</div> <div><div></div><div>:</div><div></div></div> <div><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</div>	<div>✓</div> <div>Question number changed from 32 to 33.</div>
<div>28</div> <div>How many minutes did it usually take this person to get from home to work LAST WEEK?</div> <div>Minutes</div> <div></div>	<div>28</div> <div>How many minutes did it usually take this person to get from home to work LAST WEEK?</div> <div>Minutes</div> <div></div>	<div>33</div> <div>How many minutes did it usually take this person to get from home to work LAST WEEK?</div> <div>Minutes</div> <div></div>	<div>34</div> <div>How many minutes did it usually take this person to get from home to work LAST WEEK?</div> <div>Minutes</div> <div></div>	<div>✓</div> <div>Question number changed from 33 to 34.</div>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>J</b> Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.</p> <p><b>29</b> a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes → SKIP to question 29c</p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32</p> <p><input type="checkbox"/> No → SKIP to question 30</p> <p>c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</p> <p><input type="checkbox"/> Yes → SKIP to question 31</p> <p><input type="checkbox"/> No</p>	<p><b>J</b> Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.</p> <p><b>29</b> a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes → SKIP to question 29c</p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32</p> <p><input type="checkbox"/> No → SKIP to question 30</p> <p>c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</p> <p><input type="checkbox"/> Yes → SKIP to question 31</p> <p><input type="checkbox"/> No</p>	<p><b>J</b> Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.</p> <p><b>34</b> a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes → SKIP to question 34c</p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 37</p> <p><input type="checkbox"/> No → SKIP to question 35</p> <p>c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</p> <p><input type="checkbox"/> Yes → SKIP to question 36</p> <p><input type="checkbox"/> No</p>	<p><b>K</b> Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.</p> <p><b>35</b> a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes → SKIP to question 35c</p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38</p> <p><input type="checkbox"/> No → SKIP to question 36</p> <p>c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</p> <p><input type="checkbox"/> Yes → SKIP to question 37</p> <p><input type="checkbox"/> No</p>	<p>✓ Skip instruction designator changed from J to K.</p> <p>✓ Question number changed from 34 to 35.</p>
<p><b>30</b> Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 32</p>	<p><b>30</b> Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 32</p>	<p><b>35</b> During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 37</p>	<p><b>36</b> During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 38</p>	<p>✓ Question number changed from 35 to 36.</p>
<p><b>31</b> LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</p> <p><input type="checkbox"/> Yes, could have gone to work</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p>	<p><b>31</b> LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</p> <p><input type="checkbox"/> Yes, could have gone to work</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p>	<p><b>36</b> LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</p> <p><input type="checkbox"/> Yes, could have gone to work</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p>	<p><b>37</b> LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</p> <p><input type="checkbox"/> Yes, could have gone to work</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p>	<p>✓ Question number changed from 36 to 37.</p>
<p><b>32</b> When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago → SKIP to question 35</p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 41</p>	<p><b>32</b> When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago → SKIP to question 35</p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 41</p>	<p><b>37</b> When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago → SKIP to <b>K</b></p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 46</p>	<p><b>38</b> When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago → SKIP to <b>L</b></p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 47</p>	<p>✓ Question number changed from 37 to 38.</p>





2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes rom 2008 to 2009
<b>33</b> During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks <input type="text"/>	<b>33</b> During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks <input type="text"/>	<b>38</b> a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. <input type="checkbox"/> Yes → SKIP to question 39 <input type="checkbox"/> No  b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? <input type="checkbox"/> 50 to 52 weeks <input type="checkbox"/> 48 to 49 weeks <input type="checkbox"/> 40 to 47 weeks <input type="checkbox"/> 27 to 39 weeks <input type="checkbox"/> 14 to 26 weeks <input type="checkbox"/> 13 weeks or less	<b>39</b> a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. <input type="checkbox"/> Yes → SKIP to question 40 <input type="checkbox"/> No  b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? <input type="checkbox"/> 50 to 52 weeks <input type="checkbox"/> 48 to 49 weeks <input type="checkbox"/> 40 to 47 weeks <input type="checkbox"/> 27 to 39 weeks <input type="checkbox"/> 14 to 26 weeks <input type="checkbox"/> 13 weeks or less	✓ Question number changed from 38 to 39.
<b>34</b> During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK <input type="text"/>	<b>34</b> During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK <input type="text"/>	<b>39</b> During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK <input type="text"/>	<b>40</b> During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK <input type="text"/>	✓ Question number changed from 39 to 40.

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>K</b> Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.</p> <p><b>35–40 CURRENT OR MOST RECENT JOB ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p><b>35 Was this person –</b> Mark (X) ONE box.</p> <p><input type="checkbox"/> an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> a local GOVERNMENT employee (city, county, municipio, etc.)?</p> <p><input type="checkbox"/> a state GOVERNMENT employee?</p> <p><input type="checkbox"/> a Federal GOVERNMENT employee?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> working WITHOUT PAY in family business or farm?</p>	<p><b>K</b> Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.</p> <p><b>35–40 CURRENT OR MOST RECENT JOB ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p><b>35 Was this person –</b> Mark (X) ONE box.</p> <p><input type="checkbox"/> an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> a local GOVERNMENT employee (city, county, municipio, etc.)?</p> <p><input type="checkbox"/> a state GOVERNMENT employee?</p> <p><input type="checkbox"/> a Federal GOVERNMENT employee?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> working WITHOUT PAY in family business or farm?</p>	<p><b>K</b> Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.</p> <p><b>40 – 45 CURRENT OR MOST RECENT JOB ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p><b>40 Was this person –</b> Mark (X) ONE box.</p> <p><input type="checkbox"/> an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> a local GOVERNMENT employee (city, county, municipio, etc.)?</p> <p><input type="checkbox"/> a state GOVERNMENT employee?</p> <p><input type="checkbox"/> a Federal GOVERNMENT employee?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> working WITHOUT PAY in family business or farm?</p>	<p><b>L</b> Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.</p> <p><b>41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p><b>41 Was this person –</b> Mark (X) ONE box.</p> <p><input type="checkbox"/> an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> a local GOVERNMENT employee (city, county, municipio, etc.)?</p> <p><input type="checkbox"/> a state GOVERNMENT employee?</p> <p><input type="checkbox"/> a Federal GOVERNMENT employee?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> working WITHOUT PAY in family business or farm?</p>	<p>✓ Skip instruction designator changed from K to L.</p> <p>✓ Question number changed from 40 to 41.</p>
<p><b>36 For whom did this person work?</b></p> <p>If now on active duty in the Armed Forces, mark (X) this box → <input type="checkbox"/> and print the branch of the Armed Forces.</p> <p>Name of company, business, or other employer</p> <p><input type="text"/></p>	<p><b>36 For whom did this person work?</b></p> <p>If now on active duty in the Armed Forces, mark (X) this box → <input type="checkbox"/> and print the branch of the Armed Forces.</p> <p>Name of company, business, or other employer</p> <p><input type="text"/></p>	<p><b>41 For whom did this person work?</b></p> <p>If now on active duty in the Armed Forces, mark (X) this box → <input type="checkbox"/> and print the branch of the Armed Forces.</p> <p>Name of company, business, or other employer</p> <p><input type="text"/></p>	<p><b>42 For whom did this person work?</b></p> <p>If now on active duty in the Armed Forces, mark (X) this box → <input type="checkbox"/> and print the branch of the Armed Forces.</p> <p>Name of company, business, or other employer</p> <p><input type="text"/></p>	<p>✓ Question number changed from 41 to 42.</p>
<p><b>37 What kind of business or industry was this?</b></p> <p>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</p> <p><input type="text"/></p>	<p><b>37 What kind of business or industry was this?</b></p> <p>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</p> <p><input type="text"/></p>	<p><b>42 What kind of business or industry was this?</b></p> <p>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</p> <p><input type="text"/></p>	<p><b>43 What kind of business or industry was this?</b></p> <p>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</p> <p><input type="text"/></p>	<p>✓ Question number changed from 42 to 43.</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<b>38</b> Is this mainly – Mark (X) one box. <input type="checkbox"/> manufacturing? <input type="checkbox"/> wholesale trade? <input type="checkbox"/> retail trade? <input type="checkbox"/> other (agriculture, construction, service, government, etc.)?	<b>38</b> Is this mainly – Mark (X) one box. <input type="checkbox"/> manufacturing? <input type="checkbox"/> wholesale trade? <input type="checkbox"/> retail trade? <input type="checkbox"/> other (agriculture, construction, service, government, etc.)?	<b>43</b> Is this mainly – Mark (X) one box. <input type="checkbox"/> manufacturing? <input type="checkbox"/> wholesale trade? <input type="checkbox"/> retail trade? <input type="checkbox"/> other (agriculture, construction, service, government, etc.)?	<b>44</b> Is this mainly – Mark (X) ONE box. <input type="checkbox"/> manufacturing? <input type="checkbox"/> wholesale trade? <input type="checkbox"/> retail trade? <input type="checkbox"/> other (agriculture, construction, service, government, etc.)?	✓ Question number changed from 43 to 44.
<b>39</b> What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) <div></div>	<b>39</b> What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) <div></div>	<b>44</b> What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) <div></div>	<b>45</b> What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) <div></div>	✓ Question number changed from 44 to 45.
<b>40</b> What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) <div></div>	<b>40</b> What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) <div></div>	<b>45</b> What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) <div></div>	<b>46</b> What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) <div></div>	✓ Question number changed from 45 to 46.

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<p><b>41 INCOME IN THE PAST 12 MONTHS.</b></p> <p>Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)</p> <p>Mark (X) the "No" box to show types of income NOT received.</p> <p>If net income was a loss, mark the "Loss" box to the right of the dollar amount.</p> <p>For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.</p> <p><b>a. Wages, salary, commissions, bonuses, or tips from all jobs.</b> Report amount before deductions for taxes, bonds, dues, or other items.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.</b> Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.</b> Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>41 INCOME IN THE PAST 12 MONTHS.</b></p> <p>Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)</p> <p>Mark (X) the "No" box to show types of income NOT received.</p> <p>If net income was a loss, mark the "Loss" box to the right of the dollar amount.</p> <p>For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.</p> <p><b>a. Wages, salary, commissions, bonuses, or tips from all jobs.</b> Report amount before deductions for taxes, bonds, dues, or other items.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.</b> Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.</b> Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>46 INCOME IN THE PAST 12 MONTHS.</b></p> <p>Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)</p> <p>Mark (X) the "No" box to show types of income NOT received.</p> <p>If net income was a loss, mark the "Loss" box to the right of the dollar amount.</p> <p>For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.</p> <p><b>a. Wages, salary, commissions, bonuses, or tips from all jobs.</b> Report amount before deductions for taxes, bonds, dues, or other items.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.</b> Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.</b> Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p>	<p><b>47 INCOME IN THE PAST 12 MONTHS.</b></p> <p>Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)</p> <p>Mark (X) the "No" box to show types of income NOT received.</p> <p>If net income was a loss, mark the "Loss" box to the right of the dollar amount.</p> <p>For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.</p> <p><b>a. Wages, salary, commissions, bonuses, or tips from all jobs.</b> Report amount before deductions for taxes, bonds, dues, or other items.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.</b> Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.</b> Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$ <input type="text" value="00"/> .00 <input type="checkbox"/> Loss  <input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p>	<p>✓ Question number changed from 46 to 47.</p>

2005 and 2006 Content	2007 Content	2008 Content	2009 Content	Description of Changes from 2008 to 2009
<p><b>d. Social Security or Railroad Retirement.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>e. Supplemental Security Income (SSI).</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>f. Any public assistance or welfare payments from the state or local welfare office.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>g. Retirement, survivor, or disability pensions.</b> Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.</b> Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>d. Social Security or Railroad Retirement.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>e. Supplemental Security Income (SSI).</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>f. Any public assistance or welfare payments from the state or local welfare office.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>g. Retirement, survivor, or disability pensions.</b> Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p> <p><b>h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.</b> Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>d. Social Security or Railroad Retirement.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>e. Supplemental Security Income (SSI).</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>f. Any public assistance or welfare payments from the state or local welfare office.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>g. Retirement, survivor, or disability pensions.</b> Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.</b> Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p>	<p><b>d. Social Security or Railroad Retirement.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>e. Supplemental Security Income (SSI).</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>f. Any public assistance or welfare payments from the state or local welfare office.</b></p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>g. Retirement, survivor, or disability pensions.</b> Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p> <p><b>h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.</b> Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$ <input type="text"/> .00</p> <p><input type="checkbox"/> No TOTAL AMOUNT for past 12 months</p>	
<p><b>42</b> What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.</p> <p><input type="checkbox"/> None OR \$ <input type="text"/> .00 <input type="checkbox"/> Loss</p> <p>TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>42</b> What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.</p> <p><input type="checkbox"/> None OR \$ <input type="text"/> .00 <input type="checkbox"/> Loss</p> <p>TOTAL AMOUNT for past 12 MONTHS</p>	<p><b>47</b> What was this person's total income during the PAST 12 MONTHS? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.</p> <p><input type="checkbox"/> None OR \$ <input type="text"/> .00 <input type="checkbox"/> Loss</p> <p>TOTAL AMOUNT for past 12 months</p>	<p><b>48</b> What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.</p> <p><input type="checkbox"/> None OR \$ <input type="text"/> .00 <input type="checkbox"/> Loss</p> <p>TOTAL AMOUNT for past 12 months</p>	<p>✓ Question number changed from 47 to 48.</p>

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 Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.	 Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.	 Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.	 Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.	Unchanged